PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 Approved for use through 07/31/2006. OMB 0651-0031

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Tunder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE 09/777,274 Application Number TRANSMITTAL 2/5/2001 Filing Date **FORM** First Named Inventor Jean Paul Marcade Art Unit 3738 **David Willse Examiner Name** (to be used for all correspondence after initial filing) 10 ENDOV-54735 Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Amendment / Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information** After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Extension of Time Request Terminal Disclaimer identify below): Postcard; Request for Oral Hearing **Express Abandonment Request** Request for Refund CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Document(s) Remarks **CUSTOMER NO. 24201** Response to Missing Parts/ Incomplete Application Reply to Missing Parts under

	SIGNATURE OF APPLICA	ANT, ATTORNEY, OR AGENT	<u> </u>	
Firm Name	FULWIDER PATTON LLP			
Signature	gov. Hy			
Printed name	John V. Hanley			
Date	July 21, 2006	Reg. No.	38,171	
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37 CFR 1.52 or 1.53

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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John V. Hanley

Date

July 21, 2006

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PTO/SB/17 (01-06)
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Inder the Paperwork Reduction A	Act of 1 99 5, no p	ersons are requi	ired to respo	ond to a collection of info	rmation unle	ess it displays a va	alid OMB control number.
Fees pursuant to the Conselidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
				Application Number	09/777	,274	
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for F	Y 200	16		First Named Inventor	Jean P	aul Marcade	
				Examiner Name	David	H. Willse	
Applicant claims smal	l entity status.	See 37 CFR 1	.27	Art Unit	3738		
TOTAL AMOUNT OF	PAYMENT	(\$) \$1,	000.00	Attorney Docket No.	ENDO	V-54735	
METHOD OF PAYME	NT (check all	that apply)					
Check Credi	it Card	Money Order	☐ Non-	e Other (ple	ase identify)	:	
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FEE CALCULATION	(All the fees	below are	<u>due upo</u>	n filing or may be	subject	to a surchar	ge.)
1. BASIC FILING, SEAF	•			0115550	-VANAINI	ATION FEE	
	FILING F	Small Entity	SEAR	CH FEES Small Entity	EXAMIN	ATION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees Paid(\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE	S						Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (inclu	•	•				50	25
Each independent claim of	•	ng Reissues)				200 360	100 180
Multiple dependent claims	à					300	100

				Multiple Dep	endent Claims
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
20 or HP =	x	\$50.00	=\$0.00		
HP = highest number of total cl	aims paid for, if gre	ater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
3 or HP =	x	\$200.00	= \$0.00		
HP = highest number of indepe	ndent claims paid f	or, if greater than 3.			
3. APPLICATION SIZE FE	E	-			
If the specification and draw CFR 1.52(e)), the application U.S.C. 41(a)(1)(G) and 37 C	n size fee due is S	sheets of paper (ex 3250 (\$125 for sma	cluding electronically filed sequence of all entity) for each additional 50 sheets	or computer listing or fraction there	eof. See 35
Total Sheets	Extra Sheets	Number of	each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0	/ 50 <u> </u>	(round up to a whole number)	x \$250.00	=\$0.00_
4. OTHER FEE(S)					Fee Paid (\$)
Non-English specification,		all entity discount)			61 000 00

SUBMITTED BY					
Signature	onv. th	Registration No. (Attorney/Agent)	38,171	Telephone	310-824-5555
Name (Print/Type)	John V.	Hanley		Date	7/21/2006

Other (e.g., late filing surcharge): Request for Oral Hearing

\$1,000.00

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